529 Rec'd PCT/PTO 11 OCT 2000

U.S. APPL		e ss oned 3		INTERNATIONAL APPLICATION NO. PCT/GB99/01234			ATTORNEY'S DOCKET NUMBER NIDN-10369		
21.	The foll	owing fees are subn	nitted:.	455 C - 415				CALCULATION	S PTO USE ONLY
BASIC NATIONAL FEE ( 37 CFR 1.492 (a) (1) - (5)) :									
□ Neither international preliminary examination fee (37 CFR 1.482) nor international search fee (37 CFR 1.445(a)(2) paid to USPTO and International Search Report not prepared by the EPO or JPO									
	International preliminary examination fee (37 CFR 1.482) not paid to USPTO but Internation Search Report prepared by the EPO or JPO								
☐ Int									
International preliminary examination fee paid to USPTO (37 CFR 1.482) but all claims did not satisfy provisions of PCT Article 33(1)-(4)									
International preliminary examination fee paid to USPTO (37 CFR 1.482) and all claims satisfied provisions of PCT Article 33(1)-(4)									
ENTER APPROPRIATE BASIC FEE AMOUNT =								\$840.00	
Surcharge of \$130.00 for furnishing the oath or declaration later than 20 30 months from the earliest claimed priority date (37 CFR 1.492 (e)).								\$0.00	
CLAIMS		NUMBER FILED		NUMBER EXTRA		RATE			
Total claims		22	- 20 =	2			8.00	\$36.00	
Independent claims		2 - 3=		0			8.00	\$0.00	
Multiple Dependent Claims (check if applicable).						<u> </u>	\$0.00 \$876.00		
D aduation	of 1/2 for						$\overline{}$	\$670.00	
Reduction of 1/2 for filing by small entity, if applicable. Verified Small Entity Statement must also be filed (Note 37 CFR 1.9, 1.27, 1.28) (check if applicable).								\$0.00	
SUBTOTAL =								\$876.00	
Processing fee of \$130.00 for furnishing the English translation later than \( \sum 20 \subseteq 30 \) months from the earliest claimed priority date (37 CFR 1.492 (f)).								\$0.00	•
TOTAL NATIONAL FEE =								\$876.00	
Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31) (check if applicable).								\$0.00	
* TOTAL FEES ENCLOSED =								\$876.00	
								Amount to be: refunded	\$
± L								charged	\$
A	A check in t	he amount of		to cover the above	fees is enc	losed.			
₹ <b>⊠</b> Ρ	Please charge my Deposit Account No. 500-588 in the amount of \$876.00 to cover the above fees.								
Ā	A duplicate	copy of this sheet i	s enclosed.						
. 🗵 Т	he Commi	ssioner is hereby au	thorized to cl	harge any fees which	may be req	uired, or	credit an	y overpayment	
The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 500-588 A duplicate copy of this sheet is enclosed.									
				CFR 1.494 or 1.495 e the application to p			a petitio	n to revive (37 CFR	<b>t</b>
, ,	. , ,	SPONDENCE TO:		,	8			7017	
Royal N.	. Ronning.	.Jr.			1 /		9412	Houng	21/
Royal N. Ronning, Jr.  Amersham Pharmacia Biotech, Inc.						SIGNATURE			
800 Centennial Avenue Royal I						N. Ron	ning, Jr.		
Piscataway, New Jersey 08855 NAME									
(732) 457-8423 32,529							)		
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	October 11, DATE						er 11. 2	000	
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